

## **INPATIENT REHABILITATION PROGRAM**

The Inpatient Rehabilitation Unit resides within Hines VA Hospital and features 24-hour, 7 days per week inpatient care. We house patients in our 10-bed unit on the 11<sup>th</sup> floor of Building 200. Therapy gyms are located on the same floor as the nursing unit as well as in other areas of the Hines campus with treatment equipment and activities to promote functional independence. When patients are unable to attend therapy within the gym areas, therapists will provide bedside treatment to ensure that the patient continues to progress toward established goals.

All patients are seen for initial evaluation and interdisciplinary conferences are held to discuss and document goals (program, patient's and patient's family/support members), progress, and plans. The Functional Independence Measure (FIM) outcome measurement system is utilized on admission, discharge, and post-discharge. Other outcome measures utilized are Patient Exit Interviews.

Goals of the program are: to meet the rehabilitation needs of patients with physical and cognitive/communicative limitations that require inpatient interdisciplinary rehabilitation, to encourage and facilitate maximal independent functioning of each individual based on his or her identified limitations and strengths, and to promote return to community living.

## **PREADMISSION PROCESS**

Preadmission assessments are completed on patients prior to admission to the Inpatient Rehabilitation Program by the Rehabilitation Physician Team either as an inpatient consultation for those patients who are currently hospitalized at Hines VA or as a review of medical records and imaging for patients who are considering inpatient rehabilitation from an external source (referring hospital, outpatient clinic, or home). These assessments will evaluate the appropriateness of placement of each person served in the continuum of rehabilitation services.

Our program will consider the current areas of:

- **Impairments** (problems in body function or structure, such as hemiparesis, paraplegia)
- **Activity limitations** (difficulties that the individual may have in executing activities, such as walking, feeding self, etc.)
- **Participation restrictions** (participating in community activities, attending school, etc.)

Evaluation of these areas are considered in determining the proposed rehabilitation plan of care for the patient and whether admission to the Inpatient Rehabilitation Program at Hines VA would benefit the patient in attaining improved functional outcomes, or whether a more appropriate setting (outpatient services) might be more appropriate. Each case will be considered thoroughly and with input gained from patients, their families/support systems and referral sources.

## TYPES OF PATIENTS

All honorably discharged veterans ages 18 and above who meet admission criteria are accepted into the program.

Eligible patients have a rehabilitation diagnosis based on impairments, functional limitations, and societal participation restrictions. The patient has significant functional deficits and medical and nursing needs that require:

- Close medical supervision by a physiatrist or other physician qualified by training and experience
- 24-hour availability of nurses skilled in rehabilitation
- Treatment by multiple other licensed rehabilitation professionals (physical therapists or kinesiotherapists, occupational therapists, speech language pathologists, psychologists), as needed, in a time-intensive and medically coordinated program

The patient's medical stability and medical or surgical comorbidities should be manageable in the rehabilitation hospital and sufficiently under control that the patient can participate in the rehabilitation program concurrently with their prescribed management.

The patient is capable of fully participating in the inpatient rehabilitation program. (In unusual situations, when it is unclear whether the patient can fully participate in the program, a brief period of inpatient care may be required to make a final determination. These circumstances may be referred to as an evaluative admission or a trial admission).

Admission is warranted because clear functional goals have been set and these goals are:

- Realistic
- Offer practical improvements
- Are expected to be achieved within a reasonable time
- The patient has a high probability of benefiting from the program of care
- The patient has a home and available family or care providers in most circumstances that support a likelihood of returning the patient to home or a community-based environment

Patients with active psychosis are not candidates for the program. Behaviors requiring a locked unit or not allowing participation in therapies cannot be managed on the rehabilitation unit.

Cultural needs are assessed during initial evaluations & considered in determining the treatment program. Translator services are available for all languages.

## COMMON CONDITIONS

Common diagnoses and conditions treated include:

- Orthopedic conditions
- Stroke
- Amputation
- Polytrauma
- Hospital acquired debility (Deconditioning)
- Spinal surgeries with pain
- Rheumatological disorders
- Burns
- Neurological disorders (including, but not limited to, Multiple Sclerosis, polyneuropathy, and Parkinson's disease)
- Other: Patients with Spinal Cord impairment who are not eligible for admission to the SCI/D Unit may be candidates for Inpatient Rehabilitation. Etiologies may include cervical stenosis, lumbar stenosis, fall, tumors/cancers including metastases, HIV, and infection. Level of involvement is incomplete or incomplete cauda equina. Comorbidities may include hypertension, hyperlipidemia, diabetes, anemia, COPD, osteoarthritis, or rheumatoid arthritis.

## SUPPORT SERVICES PROVIDED

Services provided include, but are not limited to, physiatrist, rehabilitation nursing, physical therapy, occupational therapy, kinesiotherapy, speech therapy, recreational therapy, psychology, social work, OEF/OIF case manager, polytrauma nurse educator, nutrition, vocational rehab, and chaplains.

On-site consultation, diagnostic, and treatment services include radiology, laboratory, pharmacy, vascular access team, audiology, dental, behavioral medicine, extensive medical and surgical consultation services (gastroenterology, neurology, neurosurgery, ophthalmology, orthopedic surgery, otolaryngology, psychiatry, pulmonary) and multiple others. Services are available on a routine or STAT basis to accommodate any volume of patients in the Rehab Program. Reports and/or recommendations are typically available within 24 hours and discussed with persons served. Hines VA Hospital has the capacity to provide these services for its Inpatient Rehabilitation Program.

Ethics Consultation is available when required for specific issues.

## FREQUENCY & LOCATION OF SERVICES

The program is a 24-hour, 7 days per week program. All patients are seen for initial evaluation and interdisciplinary conferences are held to discuss and document goals, progress, and plans. The program provides three hours of therapy services per day. (Interdisciplinary therapies are provided 3 hours per day Mondays to Fridays and 1-2 hours per day on weekends except during holidays).

Services are provided on the unit (Ward 11ERMS, Bldg. 200), Therapy gym (Bldg. 228 basement), Cardiac Rehab and Drivers Rehab clinics (Bldg. 228), as well as in Community Living Center (CLC)/ (EASY Street) (Bldg. 217).

## STAFFING

Staff is comprised of credentialed professionals in their respective fields. All have completed formal education as required by their respective professions; credentials are current, and most are certified FIM raters.

Staff members include:

- Physiatrists (Medical Director of Inpatient Rehabilitation/Attending Physician)
- Social Worker (Case Manager of Inpatient Rehabilitation)
- Registered Nurses (RNs) and Licensed Practical Nurses (LPNs)
- Therapists
  - Physical Therapists
  - Occupational Therapists
  - Kinesiotherapists
  - Recreation Therapists
- Registered Dietitians

As required, Audiologists, Chaplains, Orthotists, Prosthetists, Psychiatrists, Psychologists, Speech-Language Pathologists, and Vocational Rehabilitation professionals are also available in providing quality care.

## STANDARDS & PERFORMANCE IMPROVEMENT PRIORITIES

The VA is a national leader in rehabilitation. We strive for excellence and the Department of Veterans Affairs fully endorses the accreditation of this facility by the Commission for the Accreditation for Rehabilitation Facilities (CARF) for our inpatient rehab programs. Hines has been accredited by CARF since 1997. CARF recognizes the high-quality services Hines' inpatient rehab program delivers.

In addition to CARF, our program complies with standards of The Joint Commission, VA Directives and Handbooks, and facility policies and procedures

Performance improvement activities focus on aspects of care that are high volume, high risk, and problem prone, in order to provide the highest quality care to our Veterans:

### Aspects of Care That Are High Volume:

- Orthopedic patients, including joint replacement and amputation
- Neurologic conditions
- Deconditioning

### Aspects of Care That Are High Risk:

- Falls
- Thrombo-embolism
- Wound infection
- Infection
- Aspiration
- Cardiac failure
- Pulmonary
- Hip dislocation
- Traumatic Brain Injury

### Aspects of Care That are Problem Prone:

- Medical issues as above
- Psychosocial issues
- Behavioral issues

## REFERRAL SOURCES & PAYER SOURCES/FEES

Inpatient rehabilitation services are accessed through an internally referred consultation process and external community-based referrals via the admission/transfer process.

All veterans applying for and receiving VA medical care must let us know about their health insurance coverage. This includes coverage provided under policies of their spouses. VA is required to bill private health insurance providers for medical care, supplies and prescriptions provided for care that veterans receive for their non-service-connected conditions. In general, VA cannot bill Medicare, but VA can bill Medicare supplemental health insurance.

You may be billed for the services provided to you as an inpatient. This is based on your eligibility and benefits you receive. You may be required to pay a co-pay for outpatient visits. You may be required to make a co-pay for each outpatient pharmacy prescription. If you have questions or concerns about your co-pay while you are in the hospital, contact the Hines VA Eligibility and Benefits Department at 708-202-8838 or 2-8838 from your bedside phone.

For questions about your co-pay or bills after discharge, call the VA Health Revenue Center at 1-877-222-8387. Additionally, may contact our Health Resource Center at 866-400-1238 to discuss any billing questions/concerns or for electronic payments. For more information on eligibility and enrollment go to the VA eligibility website at [www.va.gov/healtheligibility](http://www.va.gov/healtheligibility).